S. No. 2
DM—2-43
5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6302

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 899

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Menorah Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community Whole Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 3812 E. 36th (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Rubin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Edith

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb. (Month) 25 (Day) 1895 (Year)

8. AGE: Years 48 Months 11 Days ~~28~~ 27 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Commercial Artist

11. Industry or business

FATHER
12. Name Herman Rubin
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Mina Long
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Edith Rubin

(b) Address K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address K. C. Mo

19. (a) 2-24-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1944 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 15 1942, to Feb 22 1944 that I last saw him alive on Feb 22, 1944, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Hypertensive Nephritis

Due to Hypertension

Due to

Other conditions Coronary infarction (Include pregnancy within 3 months of death)

Major findings: Of operations 13 a

Of autopsy Uremia - hypertensive Nephritis -

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other) MD

Address 6th Prof. Bldg. Date signed 2-24-44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.